

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Darrell

First name

Lee

Middle name

Fouch

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Juanita

First name

nmm

Middle name

Fouch

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2859

xxx-xx-0308

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business name or EINs.

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**17 Buck Layne
Matewan, WV 25678**

Number, Street, City, State & ZIP Code

Mingo

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Darrell Lee Fouch**Darrell Lee Fouch**
Signature of Debtor 1/s/ Juanita nmn Fouch**Juanita nmn Fouch**
Signature of Debtor 2Executed on October 18, 2019
MM / DD / YYYYExecuted on October 18, 2019
MM / DD / YYYY

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number *(if known)*

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Robert H. Carlton WV

Signature of Attorney for Debtor

Date

October 18, 2019

MM / DD / YYYY

Robert H. Carlton WV 637

Printed name

Robert H. Carlton Law Office

Firm name

19 E5th Ave.

Williamson, WV 25661

Number, Street, City, State & ZIP Code

Contact phone **304-235-7777**

Email address

Carlton@mikrotec.com

WV 637 WV

Bar number & State

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF WEST VIRGINIA

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 7: Sign Below

For you

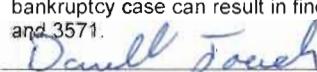
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Darrell Lee Fouch
Signature of Debtor 1



Juanita Fouch
Signature of Debtor 2

Executed on September 13, 2019
MM / DD / YYYY

Executed on September 13, 2019
MM / DD / YYYY

Certificate Number: 12459-WVS-CC-033554667



CERTIFICATE OF COUNSELING

I CERTIFY that on October 15, 2019, at 6:33 o'clock AM PDT, Darrell Fouch received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Southern District of West Virginia, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 15, 2019 By: /s/Amanda Alumbaugh

Name: Amanda Alumbaugh

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See 11 U.S.C. 109(h) and 521(b).*

Certificate Number: 12459-WVS-CC-033554668



CERTIFICATE OF COUNSELING

I CERTIFY that on October 15, 2019, at 6:33 o'clock AM PDT, Juanita Fouch received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Southern District of West Virginia, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 15, 2019 By: /s/Amanda Alumbaugh

Name: Amanda Alumbaugh

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See 11 U.S.C. 109(h) and 521(b).*

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF WEST VIRGINIA	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 15,196.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 15,196.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 18,131.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 18,131.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 57,010.00
		Your total liabilities \$ 75,141.00

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 1,829.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 1,829.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 2,457.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 2,457.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	1,326.00
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF WEST VIRGINIA			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **Chevy**
 Model: **Silverado**
 Year: **1994**
 Approximate mileage: **287,000**
 Other information:

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$1,000.00 \$1,000.00

3.2 Make: **Ford**
 Model: **Explorer**
 Year: **2012**
 Approximate mileage: **83,000**
 Other information:
surrendering in bankruptcy

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$10,000.00 \$10,000.00

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$11,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Household Items

\$1,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

TV's, Cell Phones

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Personal Clothing

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Wedding Rings**\$250.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$2,250.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash****\$100.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

17.1. Checking**BB&T****\$500.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**2018****Federal & State Tax Returns****\$1,346.00****29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,946.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$11,000.00	
57. Part 3: Total personal and household items, line 15	\$2,250.00	
58. Part 4: Total financial assets, line 36	\$1,946.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$15,196.00	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$15,196.00

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF WEST VIRGINIA	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
1994 Chevy Silverado 287,000 miles Line from <i>Schedule A/B</i> : 3.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(b)
2012 Ford Explorer 83,000 miles surrendering in bankruptcy Line from <i>Schedule A/B</i> : 3.2	\$10,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(e)
Household Items Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(c)
TV's, Cell Phones Line from <i>Schedule A/B</i> : 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(c)
Personal Clothing Line from <i>Schedule A/B</i> : 11.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(e)

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Wedding Rings Line from <i>Schedule A/B: 12.1</i>	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(d)
Cash Line from <i>Schedule A/B: 16.1</i>	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(e)
Checking: BB&T Line from <i>Schedule A/B: 17.1</i>	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(e)
Federal & State Tax Returns: 2018 Line from <i>Schedule A/B: 28.1</i>	<u>\$1,346.00</u>	<input checked="" type="checkbox"/> \$1,346.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	W. Va. Code § 38-10-4(e)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Progressive Leasing Creditor's Name	Describe the property that secures the claim: Household Items	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
			\$600.00	\$1,000.00	\$0.00
256 West Data Drive Draper, UT 84020 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) _____			

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number **3016** _____

Debtor 1	Darrell Lee Fouch			Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor 2	Juanita nmn Fouch					
	First Name	Middle Name	Last Name			

2.2	Santander Consumer USA	Describe the property that secures the claim:	\$17,531.00	\$10,000.00	\$7,531.00
	Creditor's Name				
	Attn: Bankruptcy 10-64-38-Fd7 601 Penn St Reading, PA 19601	2012 Ford Explorer 83,000 miles surrendering in bankruptcy			
	Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
		Nature of lien. Check all that apply.			
		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
		<input type="checkbox"/> Judgment lien from a lawsuit			
		<input type="checkbox"/> Other (including a right to offset)			

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Opened
02/19 Last
Active
7/26/19

Last 4 digits of account number 2859

Date debt was incurred

\$18,131.00

\$18,131.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Big Lots 3100 Easton Sq. Pl Columbus, OH 43219	On which line in Part 1 did you enter the creditor? <u>2.1</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Progressive Leasing 256 Data Dr. Draper, UT 84020	On which line in Part 1 did you enter the creditor? <u>2.1</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Santander Consumer USA PO Box 660633 Dallas, TX 75266-0633	On which line in Part 1 did you enter the creditor? <u>2.2</u>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code Santander Consumer USA Bankruptcy Dept. PO Box 560284 Dallas, TX 75356-0284	On which line in Part 1 did you enter the creditor? <u>2.2</u>
		Last 4 digits of account number <u>3016</u>
		Last 4 digits of account number <u>3016</u>
		Last 4 digits of account number <u>2859</u>
		Last 4 digits of account number <u>2859</u>

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p>Acceptance Now Nonpriority Creditor's Name Attn: Bankruptcy 5501 Headquarters Drive Plano, TX 75024 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes </p>	<p>Last 4 digits of account number 0623 \$6,633.00</p> <p>When was the debt incurred? Opened 12/12 Last Active 12/17/12</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Rental Agreement</p>

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.2	ALPHA Recovery Corp Nonpriority Creditor's Name Attn: Bankruptcy 5660 Greenwood Plaza Blvd Suite 101N Greenwood Village, CO 80011-2417 Number Street City State Zip Code	Last 4 digits of account number <u>0900</u>	\$554.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>			
4.3	Capio Partners Llc Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3498 Sherman, TX 75091 Number Street City State Zip Code	Last 4 digits of account number <u>various</u>	\$327.00
When was the debt incurred? <u>Opened 07/19</u>			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Sheridan Radiology Services I</u>			
4.4	Comenity Bank/burkesol Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number <u>2418</u>	\$0.00
When was the debt incurred? <u>Opened 7/28/17 Last Active 9/06/17</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>			

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.5	Comenity Bank/Marathon Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 3356	\$764.00
		When was the debt incurred? Opened 11/12 Last Active 11/26/14	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account</p> <p><input type="checkbox"/> Yes</p>			
4.6	Comenity Bank/Peebles Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 8304	\$0.00
		When was the debt incurred? Opened 5/08/17 Last Active 9/06/17	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account</p> <p><input type="checkbox"/> Yes</p>			
4.7	Comenity Bank/Peebles Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 8288	\$0.00
		When was the debt incurred? Opened 5/08/17 Last Active 9/06/17	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.8	Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code	Last 4 digits of account number 4977	\$0.00
		When was the debt incurred? Opened 04/17 Last Active 9/06/17	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Credit Card		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.9	Credit Solutions LLC Nonpriority Creditor's Name 2277 Thunderstick Dr Ste 400 Lexington, KY 40505 Number Street City State Zip Code	Last 4 digits of account number 7391	\$2,201.00
		When was the debt incurred? Opened 6/29/15	
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify 11 Appalachian Wireless		
4.1 0	Directv Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5007 Carol Stream, IL 60197 Number Street City State Zip Code	Last 4 digits of account number 1690	\$89.00
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Charge Account		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.1 1	Diversified Consultants, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 679543 Dallas, TX 75267	Last 4 digits of account number 2014	\$283.00
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Dish Network	
First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117		Last 4 digits of account number 7453	\$625.00
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117		Last 4 digits of account number 5941	\$522.00
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.1
4**Firstsource Advantage, LLC**

Nonpriority Creditor's Name

**Attn: Bankruptcy
PO Box 628
Buffalo, NY 14240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **3223****\$421.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection for Capital One Bank**

4.1
5**Franklin Collection Service, Inc.**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 3910
Tupelo, MS 38803**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **0796****\$730.00**When was the debt incurred? **Opened 06/19****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection Attorney Directv**

4.1
6**Frontier Communications**

Nonpriority Creditor's Name

**Attn: Bankruptcy
19 John Street
Middletown, NY 10940**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **3031****\$657.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **charge account**

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.1 7	<p>Gearheart Communications Nonpriority Creditor's Name Attn: Bankruptcy PO Box 740729 Cincinnati, OH 45274-0729</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number various</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$177.00
4.1 8	<p>GLA Collection Company Nonpriority Creditor's Name Attn: Bankruptcy Po Box 588 Greensburg, IN 47240</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number various</p> <p>When was the debt incurred? Opened 08/15</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Pikeville Radiology Pllc</p>	\$559.00
4.1 9	<p>Healthcare Financial S Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3882 Charleston, WV 25301</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8707</p> <p>When was the debt incurred? Opened 1/07/14</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Stat Ems Lic</p>	\$848.00

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.2 0	Huntington Natl Bk Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 340996 Columbus, OH 43234 Number Street City State Zip Code	Last 4 digits of account number 3616 When was the debt incurred? Opened 06/14 Last Active 8/01/19 As of the date you file, the claim is: Check all that apply	\$14,804.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Repossession 2014 Ford Explorer	
I.C. System, Inc. Nonpriority Creditor's Name 444 Highway 96 East Po Box 64378 St. Paul, MN 55164 Number Street City State Zip Code		Last 4 digits of account number 8781 When was the debt incurred? Opened 05/18 As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Att Directv	
Internal Collection Department Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2917 Pikeville, KY 41502 Number Street City State Zip Code		Last 4 digits of account number various When was the debt incurred?	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical	

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.2 3	Jefferson Capital Systems, LLC Nonpriority Creditor's Name Po Box 1999 Saint Cloud, MN 56302 Number Street City State Zip Code	Last 4 digits of account number 9003 When was the debt incurred? Opened 06/18	\$2,961.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify Factoring Company Account Verizon Wireless</p>			
4.2 4	Jefferson Capital Systems, LLC Nonpriority Creditor's Name Attn: Bankruptcy 16 McLeland Rd. Saint Cloud, MN 56303 Number Street City State Zip Code	Last 4 digits of account number various When was the debt incurred?	\$1,777.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify Collection for Verizon Wireless</p>			
4.2 5	Lendmark Financial Nonpriority Creditor's Name Attn: Bankruptcy 1735 N Brown Rd, Ste 300 Lawrenceville, GA 30043 Number Street City State Zip Code	Last 4 digits of account number 4109 When was the debt incurred? Opened 02/09 Last Active 11/02/09	Unknown
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify charge account</p>			

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.2
6**Lincoln Automotive Financial Services**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 542000
Omaha, NE 68154**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1887**\$13,198.00****Opened 06/17 Last Active
1/16/18****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Repossession 2018 Ford F150**

4.2
7**LVNV Funding/Resurgent Capital**

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

4977**\$598.00****Opened 05/18****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Factoring Company Account Credit One
Bank N.A.**4.2
8**OneMain Financial**

Nonpriority Creditor's Name

**Attn: Bankruptcy
601 Nw 2nd St #300
Evansville, IN 47708**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8423**\$5,242.00****Opened 01/19 Last Active
8/01/19****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Unsecured

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.2
9**Peebles**

Nonpriority Creditor's Name

**PO Box 659465
San Antonio, TX 78265-9465**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Charge Account

Last 4 digits of account number

9307**\$554.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Charge Account4.3
0**Portfolio Recovery**

Nonpriority Creditor's Name

**Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Factoring Company Account Comenity Bank

Last 4 digits of account number

8304**\$503.00**When was the debt incurred? Opened 12/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Factoring Company Account Comenity Bank4.3
1**Portfolio Recovery**

Nonpriority Creditor's Name

**Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Factoring Company Account Comenity Bank

Last 4 digits of account number

8288**\$465.00**When was the debt incurred? Opened 12/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Factoring Company Account Comenity Bank

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.3
2**Portfolio Recovery**

Nonpriority Creditor's Name

**Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

2418**\$463.00**

When was the debt incurred?

Opened 12/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Comenity Bank4.3
3**Portfolio Recovery**

Nonpriority Creditor's Name

**Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

3689**\$444.00**

When was the debt incurred?

Opened 12/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Capital One Bank Usa N.A.4.3
4**Portfolio Recovery**

Nonpriority Creditor's Name

**Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

5307**\$421.00**

When was the debt incurred?

Opened 03/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Capital One Bank Usa N.A.

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

4.3
5**Verizon Wireless**

Nonpriority Creditor's Name

**Attn: Verizon Wireless
Bankruptcy Administration
500 Technology Drive, Ste 550
Weldon Spring, MO 63304**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

various**Unknown****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Charge Account**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Acceptance Now
330 Southridge Blvd.
Charleston, WV 25309**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0623

Name and Address

**Appalachian Wireless
PO Box 630734
Cincinnati, OH 45263-0734**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7391

Name and Address

**Burkes Outlet
PO Box 659705
San Antonio, TX 78265-9705**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2418

Name and Address

**Capio Partners, LLC
Attn: Bankruptcy
PO Box 3498
Sherman, TX 75091**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

various

Name and Address

**Capital One Bank (USA), NA
15000 Capital One Drive
Henrico, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3689

Name and Address

**Capital One Bank (USA), NA
15000 Capital One Drive
Henrico, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5307

Name and Address

Capital One Bank (USA), NA

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

PO Box 6492
Carol Stream, IL 60197 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3223Name and Address
Comenity Bank
Attn: Bankruptcy
PO Box 182789
Columbus, OH 43218

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3356Name and Address
Comenity Bank Bankruptcy
Department
PO Box 182125
Columbus, OH 43218-2125

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8304Name and Address
Comenity Bank Bankruptcy
Department
PO Box 182125
Columbus, OH 43218-2125

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8288Name and Address
Comenity Bank Bankruptcy
Department
PO Box 182125
Columbus, OH 43218-2125

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2418Name and Address
Comenity Bank Bankruptcy
Department
PO Box 182782
Columbus, OH 43218-2782

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9307Name and Address
Credit One Bank
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4977Name and Address
Credit One Bank
Attn: Bankruptcy
PO Box 98872
Las Vegas, NV 89193

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4977Name and Address
Credit Solutions LLC
Attn: Bankruptcy
2277 Thunderstick Drive
Lexington, KY 40505

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7391Name and Address
Customer Service
Attn: Bankruptcy
PO Box 182273
Columbus, OH 43218

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9307

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Name and Address

Directv
Attn: Bankruptcy
PO Box 5007
Carol Stream, IL 60197

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0796

Name and Address

DIRECTV
Attn: Bankruptcy
PO Box 6550
Greenwood Village, CO 80155-6550

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2014

Name and Address

DIRECTV
Attn: Bankruptcy
PO Box 6550
Greenwood Village, CO 80155-6550

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8781

Name and Address

DIRECTV
Attn: Bankruptcy
PO Box 6550
Greenwood Village, CO 80155-6550

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1690

Name and Address

Diversified Consultant
Attn: Bankruptcy
PO Box 551268
Jacksonville, FL 32255

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2014

Name and Address

First Premier Bank
Attn: Bankruptcy
601 S. Minnesota Ave.
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7453

Name and Address

First Premier Bank
Attn: Bankruptcy
601 S. Minnesota Ave.
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5941

Name and Address

Firstsource Advantage, LLC
Attn: Bankruptcy
205 Bryant Woods South
Buffalo, NY 14228

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3223

Name and Address

Firstsource Advantage, LLC
CZFRST02
PO Box 1022
Wixom, MI 48393-1022

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3223

Name and Address

Ford Motor Credit
National Bankruptcy Service Center

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

PO Box 6275
Dearborn, MI 48121 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1887Name and Address
Franklin Collection Services
Attn: Bankruptcy
2978 W. Jackson St.
Tupelo, MS 38803

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0796Name and Address
Frontier Communications
Attn: Bankruptcy
PO Box 20550
Rochester, NY 14602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3031Name and Address
GLA Collections
2630 Gleeson Way
Louisville, KY 40299

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

variousName and Address
Healthcare Financial Services
Attn: Bankruptcy
1204 Kanawha Blvd E
Charleston, WV 25338

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8707Name and Address
Huntington National Bank
Att: Bankruptcy
7 Easton Oval
Columbus, OH 43219

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3616Name and Address
I.C. System, Inc.
PO Box 64378
Saint Paul, MN 55164-0378

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8781Name and Address
Jefferson Capital Systems, LLC
Attn: Bankruptcy
16 McLeland Rd.
Saint Cloud, MN 56303

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9003Name and Address
Jefferson Capital Systems, LLC
Attn: Bankruptcy
PO Box 772813
Chicago, IL 60677

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

variousName and Address
Jefferson Capital Systems, LLC
Attn: Bankruptcy
PO Box 1120
Charlotte, NC 28201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

various

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Jefferson Capital Systems, LLC
Attn: Bankruptcy
16 McLeland Rd.
Saint Cloud, MN 56303Line **4.29** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9307Name and Address
LVNV Funding LLC
PO Box 1269
Greenville, SC 29602

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4977Name and Address
Marathon
Attn: Bankruptcy
PO Box 182273
Columbus, OH 43218-2273

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3356Name and Address
OneMain
PO Box 3327
Evansville, IN 47732

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8423Name and Address
OneMain Financial
Attn: Bankruptcy
PO Box 1010
Evansville, IN 47706

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8423Name and Address
OneMain Financial
Attn: Bankruptcy
63A Water Street
Logan, WV 25601

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8423Name and Address
Pikeville Medical Center
PO Box 432
Pikeville, KY 41502-0432

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

variousName and Address
Pikeville Radiology, PLLC
PO Box 2648
Pikeville, KY 41502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

variousName and Address
Portfolio Recovery
150 Corporate Blvd.
Ste 100
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8288Name and Address
Portfolio Recovery
150 Corporate Blvd.
Ste 100
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2418

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Portfolio Recovery
150 Corporate Blvd.
Ste 100
Norfolk, VA 23502Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3689Name and Address
Portfolio Recovery
150 Corporate Blvd.
Ste 100
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5307Name and Address
Portfolio Recovery Associates, LLC
150 Corporate Blvd.
Norfolk, VA 23502

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8304Name and Address
Sheridan Radiology/Capio Partners
Attn: Bankruptcy
2222 Texoma Pkwy Ste 160
Sherman, TX 75090

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

variousName and Address
STAT EMS, LLC
Attn: Bankruptcy
PO Box 1210
Pineville, WV 24874

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8707Name and Address
The Huntington National Bank
5555 Cleveland Avenue
GW 1W19
Columbus, OH 43231

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3616Name and Address
Verizon
Attn: Bankruptcy Dept.
500 Technology Drive, Ste. 550
Saint Charles, MO 63304

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9003Name and Address
Verizon
Attn: Bankruptcy
PO Box 489
Newark, NJ 07101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

variousName and Address
Verizon
Attn: Bankruptcy
PO Box 408
Newark, NJ 07101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

various**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Total claims from Part 1

6a. Domestic support obligations	6a. \$ 0.00
6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.	6e. \$ 0.00
---	--------------------

Total claims from Part 2

6f. Student loans	6f. \$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 57,010.00
6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 57,010.00

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.2	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.3	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.4	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.5	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number
City

Street

State

ZIP Code

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name

Number
City

Street

State

ZIP Code

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Darrell Lee Fouch</u>
Debtor 2 (Spouse, if filing)	<u>Juanita nmn Fouch</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF WEST VIRGINIA</u>
Case number (if known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	<u>Dietary Worker</u>	
Employer's name	<u>West Virginia's Choice</u>	
Employer's address	<u>1097 Greenbag Road Morgantown, WV 26508</u>	

How long employed there? 3 yrs

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,192.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1,192.00</u>	\$ <u>0.00</u>

Debtor 1 **Darrell Lee Fouch**
 Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
4. _____	\$ 1,192.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ 134.00	\$ 0.00
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00
5e. Insurance	\$ 0.00	\$ 0.00
5f. Domestic support obligations	\$ 0.00	\$ 0.00
5g. Union dues	\$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	\$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 134.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 1,058.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00
8b. Interest and dividends	\$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00
8d. Unemployment compensation	\$ 0.00	\$ 0.00
8e. Social Security	\$ 0.00	\$ 771.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00
8g. Pension or retirement income	\$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	\$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 0.00	\$ 771.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 1,058.00	+ \$ 771.00 = \$ 1,829.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 1,829.00	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	
Combined monthly income		

9/7/2019

9/13/2019

9/26/2019

36467

Employee Name		Employee Number		Social Security No.		Total Hours Paid	Check Amount
Case 2:19-bk-20464 Doc 1 Filed 10/18/19 Entered 10/18/19 08:45:21		Document Page 46 of 90		Desc Main		\$275.82	
Current Earnings 306.25		Current Deductions 0.00		Current Taxes 30.43	YTD Earnings 6,037.63	YTD Subject to FIT 6,037.63	YTD Net Pay 5,475.68
Category	Earns./Ded's/Taxes Adjustment-PC	Type	Hours	Rate or %	Pieces or Base	Amount	Year to Date 21.88
Taxes	PC Medicare Soc Sec WV SIT	Regular	35.00	8.75	306.25 306.25 306.25 275.82	306.25 4.44 18.99 7.00 275.82	6,015.75 87.63 374.32 100.00
Direct Deposit	BANK 01			100.00000			

**West Virginia's Choice
Payroll Account
1097 Greenbag Road
Morgantown, WV 26508-1532
(304) 291-9066**

The Huntington National Bank
Morgantown, WV 26505
69-376 / 519

36467

DATE	9/26/2019
AMOUNT	Direct Deposit

PAY NON-NEGOTIABLE
TO THE DARRELL L FOUCH
ORDER 17 BUCK LN
OF MATEWAN, WV 25678-7823

NON-NEGOTIABLE

① attached
to petition



West Virginia's Choice		Period Start 8/31/2019		Period End 9/6/2019		Check Date 9/19/2019	Check Number 35215
Employee Name FOUCH, DARRELL L		Employee Number DP102252		Social Security No.		Total Hours Paid 35.00	Check Amount \$275.82
Current Earnings 306.25		Current Deductions 0.00		Current Taxes 30.43	YTD Earnings 5,731.38	YTD Subject to FIT 5,731.38	YTD Net Pay 5,199.86
Category	Earns./Ded's/Taxes Adjustment-PC	Type	Hours	Rate or %	Pieces or Base	Amount	Year to Date 21.88
Taxes	PC Medicare Soc Sec WV SIT	Regular	35.00	8.75	306.25 306.25 306.25 275.82	306.25 4.44 18.99 7.00 275.82	5,709.50 83.19 355.33 93.00
Direct Deposit	BANK 01			100.00000			

**West Virginia's Choice
Payroll Account**

The Huntington National Bank
Morgantown, WV 26505
69-376 / 519

35215

Case 2:19-cv-01044 Document Page 47 of 90		Employee Number	Social Security No.	Total Hours Paid	Check Amount			
Category	Earns./Ded's./Taxes	Type	Hours	Rate or %	Pieces or Base	Amount	Year to Date	Balance
Taxes	PC Medicare Soc Sec WV SIT BANK 01	Regular	35.00	8.75	306.25 306.25 306.25 306.25	4.44 18.99 7.00 275.82	5,403.25 78.75 336.34 86.00	
Direct Deposit				100.00000		275.82		

**West Virginia's Choice
Payroll Account
1097 Greenbag Road
Morgantown, WV 26508-1532
(304) 291-9066**

The Huntington National Bank
Morgantown, WV 26505
69-376 / 519

33957

DATE	9/12/2019
AMOUNT	Direct Deposit

PAY NON-NEGOTIABLE
TO THE DARRELL L FOUCHE
ORDER 17 BUCK LN
OF MATEWAN, WV 25678-7823

NON-NEGOTIABLE

West Virginia's Choice			Period Start 8/17/2019	Period End 8/23/2019	Check Date 9/5/2019	Check Number 32703		
Employee Name FOUCH, DARRELL			Employee Number DP102252	Social Security No.	Total Hours Paid 35.00	Check Amount \$275.82		
Category	Earns./Ded's./Taxes	Type	Hours	Rate or %	Pieces or Base	Amount	Year to Date	Balance
Taxes	PC Medicare Soc Sec WV SIT BANK 01	Regular	35.00	8.75	306.25 306.25 306.25 306.25	4.44 18.99 7.00 275.82	5,097.00 74.31 317.35 79.00	
Direct Deposit				100.00000		275.82		

**West Virginia's Choice
Payroll Account
1097 Greenbag Road
Morgantown, WV 26508-1532
(304) 291-9066**

The Huntington National Bank
Morgantown, WV 26505
69-376 / 519

32703

DATE	9/5/2019
AMOUNT	Direct Deposit

SOCIAL SECURITY ADMINISTRATION

Date: October 15, 2019
BNC#: 19BC062C31555
REF: A ,DI

JUANITA FOUCH
17 BUCK LANE
MATEWAN WV 25678-7823

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2019, the current Supplemental Security Income payment is.....\$ 771.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 888-833-6159. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
146 EAST FIRST AVE
WILLIAMSON, WV 25661

United States Bankruptcy Court
Southern District of West Virginia

In re Darrell Lee Fouch
Juanita nmn Fouch

Debtor(s)

Case No.
Chapter 7

**STATEMENT UNDER PENALTY OF PERJURY CONCERNING
PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. §521(a)(1)(B)(iv)**

I*, Juanita nmn Fouch (Debtor's name), state that I did not file copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition, by me from any employer because:

(1) I was not employed during the period immediately preceding the filing of the above-referenced case ____ (state the dates that you were not employed);

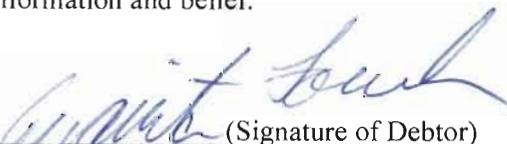
(2) I was employed during the period immediately preceding the filing of the above-referenced case but did not receive any payment advices or other evidence of payment from my employer within 60 days before the filing of the petition;

(3) I am self employed and do not receive any evidence of payment;

(4) Other (please explain) Social Sec. Recipient

I declare under penalty of perjury that I have read the foregoing statements and that they are true and accurate to the best of my knowledge, information and belief.

Dated October 12, 2019.


/s/ Juanita nmn Fouch

(Signature of Debtor)

Juanita nmn Fouch
Debtor

*a separate form must be filed for each Debtor.

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch
Debtor 2	Juanita nmn Fouch
(Spouse, if filing)	
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

Foster Son

3

No

Yes

No

Yes

No

Yes

No

Yes

Foster Daughter

5

Son

8

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **500.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	0.00
4c. \$	100.00
4d. \$	0.00
5. \$	0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Darrell Lee Fouch**
 Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>150.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>100.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>700.00</u>	
8. Childcare and children's education costs	8. \$ <u>100.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>	
10. Personal care products and services	10. \$ <u>100.00</u>	
11. Medical and dental expenses	11. \$ <u>150.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>157.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>2,457.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,457.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>1,829.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>2,457.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>-628.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF WEST VIRGINIA</u>		
Case number (if known)			

Check if this is an amended filing

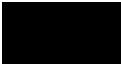
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Darrell Lee Fouch

Darrell Lee Fouch
Signature of Debtor 1

Date October 18, 2019

/s/ Juanita nmn Fouch

Juanita nmn Fouch
Signature of Debtor 2

Date October 18, 2019

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

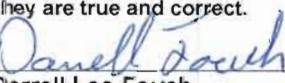
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

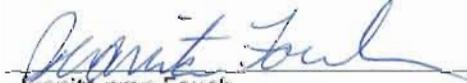
No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


x _____
Darrell Lee Fouch
Signature of Debtor 1


x _____
Juanita nmn Fouch
Signature of Debtor 2

Date September 13, 2019

Date September 13, 2019

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

HC 81 box 400 Meador WV
Matewan, WV 25678

Dates Debtor 1
lived there

From-To:
911 change

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2
lived there

Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

For last calendar year:
(January 1 to December 31, 2018)

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$3,139.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$15,120.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)		\$0.00	SSI	\$9,252.00
For the calendar year before that: (January 1 to December 31, 2017)		\$0.00	SSI	\$9,252.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Unknown Plaintiff vs Unknown Defendant 1020861RGP	Bankruptcy Chapter 7	US BKPT CT WV CHARLEST	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Discharged - 0.00

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Huntington National Bank Bankruptcy Dept. 2361 Morse Rd. Columbus, OH 43229	Explain what happened 2014 Ford Explorer	2018	Unknown

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized or levied.

Ford Motor Credit National Bankruptcy Service Center PO Box 6275 Dearborn, MI 48121	2018 Ford F150	1/2018	Unknown
---	----------------	--------	---------

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---	---	-----------------------------------	-------------------

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You Robert H. Carlton Law Office 19 E5th Ave. Williamson, WV 25661 Carlton@mikrotec.com	Representation of the debtors in any dischargeability actions, judicial or other lien avoidances, reaffirmation agreements, relief from stay actions, student loan issues, or any other adversary proceeding. does not include adversary proceedings, Motions to Dismiss for substantial abuse, Judgment lien avoidances, bad faith claims and dischargeability of student loans or divorce property settlement agreements, any bankruptcy audit or improper reporting on a credit bureau report.	Sept 2019	\$1,200.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address Person's relationship to you Melissa Hall	2003 Mitsubishi with mileage being 287,000-valued at roughly \$500.00	vehicle was non-operable due to busted brake lines and flat tires. Debtor 2 owed sister \$200.00 and gave the vehicle to her for the debt owed	09/2019

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known)

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Darrell Lee Fouch****Darrell Lee Fouch**
Signature of Debtor 1Date October 18, 2019/s/ **Juanita nmn Fouch****Juanita nmn Fouch**
Signature of Debtor 2Date October 18, 2019Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (*if known*) _____

Form 1040 Department of the Treasury-Internal Revenue Service (99)		2018 OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space																					
Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)																							
Your first name and initial Darrell L		Last name Fouch Your social security number [REDACTED]-2859																					
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind																							
If joint return, spouse's first name and initial Juanita		Last name Fouch Spouse's social security number [REDACTED]-0308																					
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954																							
<input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)																					
Home address (number and street). If you have a P.O. box, see instructions. 17 buck ln		Apt. no																					
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6 Matewan, WV 25678																							
If more than four dependents, see inst. and check here ► <input type="checkbox"/>																							
Dependents (see instructions): <table border="1"> <tr> <td>(1) First name Megan Fouch</td> <td>Last name [REDACTED]-9685</td> <td>(2) Social security number [REDACTED]-9685</td> <td>(3) Relationship to you Daughter</td> <td>(4) check if qualifies for (see inst.) Child tax credit <input checked="" type="checkbox"/> Credit for other dependent <input type="checkbox"/></td> </tr> <tr> <td>Darrell Fouch</td> <td>[REDACTED]-5869</td> <td></td> <td>Son</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>				(1) First name Megan Fouch	Last name [REDACTED]-9685	(2) Social security number [REDACTED]-9685	(3) Relationship to you Daughter	(4) check if qualifies for (see inst.) Child tax credit <input checked="" type="checkbox"/> Credit for other dependent <input type="checkbox"/>	Darrell Fouch	[REDACTED]-5869		Son	<input checked="" type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
(1) First name Megan Fouch	Last name [REDACTED]-9685	(2) Social security number [REDACTED]-9685	(3) Relationship to you Daughter	(4) check if qualifies for (see inst.) Child tax credit <input checked="" type="checkbox"/> Credit for other dependent <input type="checkbox"/>																			
Darrell Fouch	[REDACTED]-5869		Son	<input checked="" type="checkbox"/> <input type="checkbox"/>																			
				<input type="checkbox"/> <input type="checkbox"/>																			
				<input type="checkbox"/> <input type="checkbox"/>																			
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																							
Your signature 		Date	Your occupation Dietary worker	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>																			
Spouse's signature If a joint return, both must sign. 		Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>																			
Paid Preparers Use Only		Preparer's name [REDACTED]	Preparer's signature [REDACTED]	PTIN [REDACTED]	Firm's EIN [REDACTED]	Check if <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																	
		Firm's name ►		Phone no [REDACTED]																			
Firm's address ►																							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

UYA

Form 1040 (2018)

Form 1040 (2018) **Darrell L and Juanita Fouch****-2859**

Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	3,140.
2a	Tax-exempt interest	2a	b Taxable interest
3a	Qualified dividends	3a	b Ordinary dividends
4a	IRAs, pensions and annuities	4a	b Taxable amount
5a	Social security benefits	5a	b Taxable amount
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	3,140.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, Subtract Schedule 1, line 36, from line 6	7	3,140.
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) <u>0</u> . (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here ► <input type="checkbox"/>	11	
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ► <input type="checkbox"/>	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14.	15	0.
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) <u>1,250.</u> b Sch 8812 <u>96.</u> c Form 8863 Add any amount from Schedule 5	17	1,346.
18	Add lines 16 and 17. These are your total payments	18	1,346.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,346.
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/> ► b Routing number ► c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number	20a	1,346.
21	Amount of line 19 you want applied to your 2019 estimated tax ► 21		
Amount you owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ►	22	0.
	23 Estimated tax penalty (see instructions) ► 23		

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

UYA

Form W-2 Wage and Tax Statement 2018		
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		
OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service		
1 Wages, tips, other compensation 3139.88	2 Federal income tax withheld	
3 Social security wages 3139.88	4 Social security tax withheld 194.65	
5 Medicare wages and tips 3139.88	6 Medicare tax withheld 45.59	
b Employer identification number 52-2382859		
c Employer's name, address, and ZIP code WEST VIRGINIA'S CHOICE, INC. 1097 GREENBAG ROAD MORGANTOWN, WV 26508-1532		
a Employee's social security number 2859	d Control number DF102252	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
14 Other	12b 12c 12d	
13 Statutory employee	Retirement plan	Third-party sick pay
e Employee's name, address, and ZIP code DARRELL L FOUCHE 17 BUCK LN MATEWAN WV 25678-782		Suff.
15 State WV	Employer's state ID number 1032-1568	16 State wages, tips, etc. 3139.88
17 State income tax 42.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2018		
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		
OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service		
1 Wages, tips, other compensation 3139.88	2 Federal income tax withheld	
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c Employer's name, address, and ZIP code WEST VIRGINIA'S CHOICE, INC. 1097 GREENBAG ROAD MORGANTOWN, WV 26508-1532		
a Employee's social security number 2859	d Control number DF102252	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
14 Other	12b 12c 12d	
13 Statutory employee	Retirement plan	Third-party sick pay
e Employee's name, address, and ZIP code DARRELL L FOUCHE 17 BUCK LN MATEWAN WV 25678-782		Suff.
15 State WV	Employer's state ID number 1032-1568	16 State wages, tips, etc. 3139.88
17 State income tax 42.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form 1040

U.S. Individual Income Tax Return

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

DARRELL L

Last name

FOUCH

If a joint return, spouse's first name and initial

JUANITA

Last name

FOUCH

Home address (number and street). If you have a P.O. box, see instructions.

17 BUCK LAYNE

Your social security number

2859

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Matewan, WV 25678

Spouse's social security number

0308

Foreign country name

Foreign province/state/county

Foreign postal code

Make sure the SSN(s) above

and on line 6c are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You Spouse

Filing Status

1 Single4 Head of household (with qualifying person). (See instructions.)2 Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent, enter

Check only
one box.3 Married filing separately. Enter spouse's SSN above
and full name here. ►5 Qualifying widow(er) with dependent childBoxes checked
on 6a and 6b

2

No. of children
on 6c who:

3

- Lived with you
- did not live with
you due to divorce
or separation
(see instructions)

Dependents on 6c
not entered aboveAdd numbers on
lines above ►

5

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6ab Spouse

c Dependents:

(1) First name Last name

(2) Dependent's
social security number(3) Dependent's
relationship to you(4) if child under
age 17 qualifying for
child tax credit
(see instructions)

MORGAN FOUCH

9056

Daughter

X

MEGAN FOUCH

9685

Daughter

X

DARRELL FOUCH

5869

Son

X

d Total number of exemptions claimed

If more than four
dependents, see
instructions and
check here ►

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.If you did not
get a W-2,
see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 15,120.

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends

9b

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►

13

14 Other gains or (losses). Attach Form 4757

14

15a IRA distributions

15a

b Taxable amount

15b

16a Pensions and annuities

16a

b Taxable amount

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount

20b

21 Other income. List type and amount

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►

22 15,120.

Adjusted
Gross
Income

23 Educator expenses

23

24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 Deductible part of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN ►

31a

32 IRA deduction

32

33 Student loan interest deduction

33

34 Reserved for future use

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37 15,120.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

39a Check if: <input type="checkbox"/> You were born before January 2, 1953. <input type="checkbox"/> Spouse was born before January 2, 1953.	39b <input type="checkbox"/> Blind. checked ► 39a
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b	<input type="checkbox"/>
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 12,700.
41 Subtract line 40 from line 38	41 2,420.
42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42 20,250.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 0.
44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44 0.
45 Alternative minimum tax (see instructions). Attach Form 6251	45
46 Excess advance premium tax credit repayment. Attach Form 8962	46
47 Add lines 44,45, and 46	47 0.
48 Foreign tax credit. Attach Form 1116 if required	48
49 Credit for child and dependent care expenses. Attach Form 2441	49
50 Education credits from Form 8863, line 19	50
51 Retirement savings contributions credit. Attach Form 8880	51
52 Child tax credit. Attach Schedule 8812, if required	52
53 Residential energy credits. Attach Form 5695	53
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54
55 Add lines 48 through 54. These are your total credits	55 0.
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56 0.

Other Taxes

57 Self-employment tax. Attach Schedule SE	57
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
60a Household employment taxes from Schedule H	60a
b First-time homebuyer credit repayment. Attach Form 5405 if required	60b
61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62
63 Add lines 56 through 62. This is your total tax	63 0.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099	64 34.
65 2017 estimated tax payments and amount applied from 2016 return	65
66a Earned income credit (EIC)	66a 6,318.
b Nontaxable combat pay election	66b
67 Additional child tax credit. Attach Schedule 8812	67 1,818.
68 American opportunity credit from Form 8863, line 8	68
69 Net premium tax credit. Attach Form 8962	69
70 Amount paid with request for extension to file	70
71 Excess social security and tier 1 RRTA tax withheld	71
72 Credit for federal tax on fuels. Attach Form 4136	72
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74 8,170.

Refund

Direct deposit? ► b Routing number XXXXXXXXXX ► c Type: Checking Savings
See instructions. ► d Account number XXXXXXXXXXXXXXXXXXXX

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75 8,170.
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	76a 8,170.

77 Amount of line 75 you want applied to your 2018 estimated tax ► 77	77
---	----

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ► 78	78 0.
79 Estimated tax penalty (see instructions)	79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name ► **Liberty Tax Service** Phone no. ► (304) 426-8761 Personal identification number (PIN) ► **10265**

Sign Here

Joint return? See instructions. Keep a copy for your records.

Your signature	Date 2/2/2018	Your occupation TRUCK DRIVER	Daytime phone number (304) 426-4736
Spouse's signature. If a joint return, both must sign.	Date 2/2/2018	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Kathy Wellman	Preparer's signature	Date 2/2/2018	Check <input type="checkbox"/> if self-employed	PTIN P00580099
Firm's name ► Liberty Tax Service				Firm's EIN ► 55-0705949
Firm's address ► 173 Mate St				Phone no. (304) 426-8761

Matewan, WV 25678

10. Total Taxes Due (from page 1)	10	.00
11. West Virginia Income Tax Withheld (SEE INSTRUCTIONS) <input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE)	11	352 .00
12. Estimated Tax Payments and Payments with Schedule L	12	.00
13. Senior Citizen Tax Credit for property tax paid from Schedule SCTC-1	13	.00
14. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1	14	.00
15. Credits from Tax Credit Recap Schedule	15	.00
16. Amount paid with original return (amended return only)	16	.00
17. Payments and Credits (add lines 11 through 16)	17	352 .00
18. Overpayment previously refunded or credited (amended return only)	18	.00
19. Total payments and credits (line 17 minus line 18)	19	352 .00
20. Penalty Due from Form IT-210. <input type="checkbox"/> CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here	20	.00
21. Subtract line 20 from line 19 and enter total, (if line 20 is larger, subtract 19 from 20 add to line 10 and enter on line 22)	21	352 .00
22. Balance of Income Tax Due (line 10 minus line 21). If line 21 is greater than line 10, skip to line 23	22	.00
23. If line 21 is greater than line 10, subtract line 10 from line 21. This is your income tax overpayment	23	352 .00
24. West Virginia Use Tax Due on out-of-state purchases (see Schedule UT). If this amount is greater than line 23, go on to line 25. If this amount is less than line 23, skip to line 26 <input checked="" type="checkbox"/> CHECK IF NO USE TAX DUE	24	.00
25. Subtract line 23 from line 24 and add line 22, this is the total balance of tax due	25	.00
26. Subtract line 24 from line 23, this is your total overpayment	26	352 .00
27. Amount of overpayment to be credited to your 2018 estimated tax	27	.00
28. West Virginia Children's Trust Fund to help prevent child abuse and neglect. Enter the amount of your contribution <input type="checkbox"/> \$5 <input type="checkbox"/> \$25 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$	28	.00
29. Deductions from your overpayment (Add lines 27 and 28)	29	.00
30. Refund due you (subtract line 29 from line 26)	REFUND	352 .00
31. Total amount due the State (line 25 plus line 28) PAY THIS AMOUNT	PAY THIS AMOUNT	.00

Direct

Deposit CHECKING SAVINGS
of Refund

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. PROVIDING INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I authorize the State Tax Department to discuss my return with my preparer. YES NO

Your Signature

Date

Spouse's Signature

Date

Telephone Number

173 Mate St Matewan WV 25678

304 426 8761

Signature of preparer other than above

Date

Address

Telephone Number

55 070 5949

 Preparer: Check here if
client is requesting that
form NOT be e-filed

Preparer's EIN

REFUND
WV State Tax Department
P.O. Box 1071
Charleston, WV 25324-1071**MAIL TO:**BALANCE DUE
WV State Tax Department
P.O. Box 3694
Charleston, WV 25336-3694**Payment Options**

Returns filed with a balance of tax due may use any of the following payment options:

- Check or Money Order - If you filed a paper return, enclose your check or money order with your return. If you electronically filed, mail your check or money order with the payment voucher IT-140V that is provided to you after the submission of your tax return.
- Electronic Funds Transfer - If you electronically filed your return, your tax payment may be automatically deducted from your checking account. You may elect to authorize the withdrawal to occur at the time the return is filed or delay payment any time between filing and due date of April 17, 2018.
- Payment by credit card - Payments may be made using your Visa® Card, Discover® Card, American Express® Card or MasterCard®. Visit tax.wv.gov.



L A 4 0 2 0 1 7 0 2

Form W-2 Wage and Tax Statement 2017
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation 15120.00	2 Federal income tax withheld 34.45
3 Social security wages 15120.00	4 Social security tax withheld 937.53
5 Medicare wages and tips 15120.00	6 Medicare tax withheld 219.23
b Employer identification number 52-2382859	

c Employee's name, address, and ZIP code
WEST VIRGINIA'S CHOICE, INC.
1097 GREENBAG ROAD
MORGANTOWN, WV 26508-1532

a Employee's social security number [REDACTED] 2859	d Control number DF102252
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
	13 Statutory employee Retirement plan Third-party sick pay

e Employee's name, address, and ZIP code Suff.
DARRELL L FOUCH
17 BUCK LN
MATEWAN WV 25678-782

15 State WV	Employer's state ID number 1032-1568	16 State wages, tips, etc. 15120.00
17 State income tax 352.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation 15120.00	2 Federal income tax withheld 34.45
3 Social security wages 15120.00	4 Social security tax withheld 937.53
5 Medicare wages and tips 15120.00	6 Medicare tax withheld 219.23
b Employer identification number 52-2382859	

c Employer's name, address, and ZIP code
WEST VIRGINIA'S CHOICE, INC.
1097 GREENBAG ROAD
MORGANTOWN, WV 26508-1532

a Employee's social security number [REDACTED] 2859	d Control number DF102252
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b 12c 12d
	13 Statutory employee Retirement plan Third-party sick pay

e Employee's name, address, and ZIP code Suff.
DARRELL L FOUCH
17 BUCK LN
MATEWAN WV 25678-782

15 State WV	Employer's state ID number 1032-1568	16 State wages, tips, etc. 15120.00
17 State income tax 352.00	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

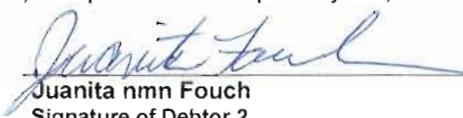
Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.



Darrell Lee Fouch
Signature of Debtor 1



Juanita nmn Fouch
Signature of Debtor 2

Date September 13, 2019

Date September 13, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF WEST VIRGINIA		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's **Progressive Leasing**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:
Keep and pay for without reaffirmation

Description of **Household Items**

property

securing debt:

Creditor's **Santander Consumer USA**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of **2012 Ford Explorer 83,000 miles**

property **surrendering in bankruptcy**

securing debt:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Debtor 1 **Darrell Lee Fouch**
Debtor 2 **Juanita nmn Fouch**

Case number (if known) _____

Lessor's name:

No

Description of leased
Property:

Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Darrell Lee Fouch

Darrell Lee Fouch
Signature of Debtor 1

X /s/ Juanita nmn Fouch

Juanita nmn Fouch
Signature of Debtor 2

Date **October 18, 2019**

Date **October 18, 2019**

Fill in this information to identify your case:

Debtor 1	Darrell Lee Fouch		
	First Name	Middle Name	Last Name
Debtor 2	Juanita nmn Fouch		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF WEST VIRGINIA</u>		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.


Darrell Lee Fouch
Signature of Debtor 1


Juanita nmn Fouch
Signature of Debtor 2

Date September 13, 2019

Date September 13, 2019

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filings fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Southern District of West Virginia

In re **Darrell Lee Fouch**
Juanita nmn Fouch

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 1,200.00
Prior to the filing of this statement I have received	\$ 1,200.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial or other lien avoidances, reaffirmation agreements, relief from stay actions, student loan issues, or any other adversary proceeding. does not include adversary proceedings, Motions to Dismiss for substantial abuse, Judgment lien avoidances, bad faith claims and dischargeability of student loans or divorce property settlement agreements, any bankruptcy audit or improper reporting on a credit bureau report.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 18, 2019

Date

/s/ Robert H. Carlton WV

Robert H. Carlton WV 637

Signature of Attorney

Robert H. Carlton Law Office

19 E5th Ave.

Williamson, WV 25661

304-235-7777 Fax: 304-235-4663

Carlton@mikrotec.com

Name of law firm

Document Page 79 of 90
United States Bankruptcy Court
Southern District of West Virginia

In re **Darrell Lee Fouch**
Juanita nmn Fouch

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,200.00</u>
Prior to the filing of this statement I have received	\$ <u>1,200.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial or other lien avoidances, reaffirmation agreements, relief from stay actions, student loan issues, or any other adversary proceeding. does not include adversary proceedings, Motions to Dismiss for substantial abuse, Judgment lien avoidances, bad faith claims and dischargeability of student loans or divorce property settlement agreements, any bankruptcy audit or improper reporting on a credit bureau report.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 13, 2019

Date

X Darrell Fouch
X Juanita Fouch

Robert H. Carlton WV 637

Signature of Attorney

Robert H. Carlton Law Office

19 E5th Ave.

Williamson, WV 25661

304-235-7777 Fax: 304-235-4663

Carlton@mikrotec.com

Name of law firm

**United States Bankruptcy Court
Southern District of West Virginia**

In re **Darrell Lee Fouch
Juanita nmn Fouch**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **October 18, 2019**

/s/ Darrell Lee Fouch

Darrell Lee Fouch

Signature of Debtor

Date: **October 18, 2019**

/s/ Juanita nmn Fouch

Juanita nmn Fouch

Signature of Debtor

United States Bankruptcy Court
Southern District of West Virginia

In re Darrell Lee Fouch
Juanita nnm Fouch

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: September 13, 2019

Darrell Fouch

Darrell Lee Fouch

Signature of Debtor

Date: September 13, 2019

Juanita Fouch

Juanita nnm Fouch

Signature of Debtor

Acceptance Now
Attn: Bankruptcy
5501 Headquarters Drive
Plano, TX 75024

Acceptance Now
330 Southridge Blvd.
Charleston, WV 25309

ALPHA Recovery Corp
Attn: Bankruptcy
5660 Greenwood Plaza Blvd
Suite 101N
Greenwood Village, CO 80011-2417

Appalachian Wireless
PO Box 630734
Cincinnati, OH 45263-0734

Big Lots
3100 Easton Sq. Pl
Columbus, OH 43219

Burkes Outlet
PO Box 659705
San Antonio, TX 78265-9705

Capio Partners Llc
Attn: Bankruptcy
Po Box 3498
Sherman, TX 75091

Capio Partners, LLC
Attn: Bankruptcy
PO Box 3498
Sherman, TX 75091

Capital One Bank (USA), NA
15000 Capital One Drive
Henrico, VA 23238

Capital One Bank (USA), NA
PO Box 6492
Carol Stream, IL 60197

Comenity Bank
Attn: Bankruptcy
PO Box 182789
Columbus, OH 43218

Comenity Bank Bankruptcy Department
PO Box 182125
Columbus, OH 43218-2125

Comenity Bank Bankruptcy Department
PO Box 182782
Columbus, OH 43218-2782

Comenity Bank/burkesol
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

Comenity Bank/Marathon
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

Comenity Bank/Peebles
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

Credit One Bank
Attn: Bankruptcy Department
Po Box 98873
Las Vegas, NV 89193

Credit One Bank
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

Credit One Bank
Attn: Bankruptcy
PO Box 98872
Las Vegas, NV 89193

Credit Solutions LLC
2277 Thunderstick Dr Ste 400
Lexington, KY 40505

Credit Solutions LLC
Attn: Bankruptcy
2277 Thunderstick Drive
Lexington, KY 40505

Customer Service
Attn: Bankruptcy
PO Box 182273
Columbus, OH 43218

Directv
Attn: Bankruptcy
PO Box 5007
Carol Stream, IL 60197

DIRECTV
Attn: Bankruptcy
PO Box 6550
Greenwood Village, CO 80155-6550

Diversified Consultant
Attn: Bankruptcy
PO Box 551268
Jacksonville, FL 32255

Diversified Consultants, Inc.
Attn: Bankruptcy
Po Box 679543
Dallas, TX 75267

First PREMIER Bank
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117

First Premier Bank
Attn: Bankruptcy
601 S. Minnesota Ave.
Sioux Falls, SD 57104

Firstsource Advantage, LLC
Attn: Bankruptcy
PO Box 628
Buffalo, NY 14240

Firstsource Advantage, LLC
Attn: Bankruptcy
205 Bryant Woods South
Buffalo, NY 14228

Firstsource Advantage, LLC
CZFRST02
PO Box 1022
Wixom, MI 48393-1022

Ford Motor Credit
National Bankruptcy Service Center
PO Box 6275
Dearborn, MI 48121

Franklin Collection Service, Inc.
Attn: Bankruptcy
Po Box 3910
Tupelo, MS 38803

Franklin Collection Services
Attn: Bankruptcy
2978 W. Jackson St.
Tupelo, MS 38803

Frontier Communications
Attn: Bankruptcy
19 John Street
Middletown, NY 10940

Frontier Communications
Attn: Bankruptcy
PO Box 20550
Rochester, NY 14602

Gearheart Communications
Attn: Bankruptcy
PO Box 740729
Cincinnati, OH 45274-0729

GLA Collection Company
Attn: Bankruptcy
Po Box 588
Greensburg, IN 47240

GLA Collections
2630 Gleeson Way
Louisville, KY 40299

Healthcare Financial S
Attn: Bankruptcy
Po Box 3882
Charleston, WV 25301

Healthcare Financial Services
Attn: Bankruptcy
1204 Kanawha Blvd E
Charleston, WV 25338

Huntington National Bank
Attn: Bankruptcy
7 Easton Oval
Columbus, OH 43219

Huntington Natl Bk
Attn: Bankruptcy
P.O. Box 340996
Columbus, OH 43234

I.C. System, Inc.
444 Highway 96 East
Po Box 64378
St. Paul, MN 55164

I.C. System, Inc.
PO Box 64378
Saint Paul, MN 55164-0378

Internal Collection Department
Attn: Bankruptcy
PO Box 2917
Pikeville, KY 41502

Jefferson Capital Systems, LLC
Po Box 1999
Saint Cloud, MN 56302

Jefferson Capital Systems, LLC
Attn: Bankruptcy
16 McLeland Rd.
Saint Cloud, MN 56303

Jefferson Capital Systems, LLC
Attn: Bankruptcy
PO Box 772813
Chicago, IL 60677

Jefferson Capital Systems, LLC
Attn: Bankruptcy
PO Box 1120
Charlotte, NC 28201

Lendmark Financial
Attn: Bankruptcy
1735 N Brown Rd, Ste 300
Lawrenceville, GA 30043

Lincoln Automotive Financial Services
Attn: Bankruptcy
Po Box 542000
Omaha, NE 68154

LVNV Funding LLC
PO Box 1269
Greenville, SC 29602

LVNV Funding/Resurgent Capital
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603

Marathon
Attn: Bankruptcy
PO Box 182273
Columbus, OH 43218-2273

OneMain
PO Box 3327
Evansville, IN 47732

OneMain Financial
Attn: Bankruptcy
601 Nw 2nd St #300
Evansville, IN 47708

OneMain Financial
Attn: Bankruptcy
PO Box 1010
Evansville, IN 47706

OneMain Financial
Attn: Bankruptcy
63A Water Street
Logan, WV 25601

Peebles
PO Box 659465
San Antonio, TX 78265-9465

Pikeville Medical Center
PO Box 432
Pikeville, KY 41502-0432

Pikeville Radiology, PLLC
PO Box 2648
Pikeville, KY 41502

Portfolio Recovery
Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502

Portfolio Recovery
150 Corporate Blvd.
Ste 100
Norfolk, VA 23502

Portfolio Recovery Associates, LLC
150 Corporate Blvd.
Norfolk, VA 23502

Progressive Leasing
256 West Data Drive
Draper, UT 84020

Progressive Leasing
256 Data Dr.
Draper, UT 84020

Santander Consumer USA
Attn: Bankruptcy
10-64-38-Fd7
601 Penn St
Reading, PA 19601

Santander Consumer USA
PO Box 660633
Dallas, TX 75266-0633

Santander Consumer USA
Bankruptcy Dept.
PO Box 560284
Dallas, TX 75356-0284

Sheridan Radiology/Capio Partners
Attn: Bankruptcy
2222 Texoma Pkwy Ste 160
Sherman, TX 75090

STAT EMS, LLC
Attn: Bankruptcy
PO Box 1210
Pineville, WV 24874

The Huntington National Bank
5555 Cleveland Avenue
GW 1W19
Columbus, OH 43231

Verizon
Attn: Bankruptcy Dept.
500 Technology Drive, Ste. 550
Saint Charles, MO 63304

Verizon
Attn: Bankruptcy
PO Box 408
Newark, NJ 07101

Verizon
Attn: Bankruptcy
PO Box 489
Newark, NJ 07101

Verizon Wireless
Attn: Verizon Wireless
Bankruptcy Administration
500 Technology Drive, Ste 550
Weldon Spring, MO 63304